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USPTO FACSIMILE TRANSMITTAL SHEET

Page 1 of 2

Docket No.: GLAUKO.005C1

CUSTOMER NO. 20995

Applicants	:	Morteza Gharib et al.
App. No.	:	10/626,181
Filed	:	July 24, 2003
For	:	IMPLANT WITH PRESSURE SENSOR FOR GLAUCOMA TREATMENT
Examiner	:	Filip Zec
Group Art Unit	:	3744

CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this correspondence and all marked attachments are being transmitted via facsimile to the USPTO Central Fax No. (703) 872-9306 on the date shown below:

February 15, 2005

Am. by
James W. Hill, M.D., Reg. No. 46,396

Transmitted herewith for filing and consideration in the above-referenced application are the following items:

- Response to Office Action in four (4) pages.
- Non-Final
- Terminal Disclaimer in 2 pages (including attachments if any).

FILING FEES:

FEES CALCULATION				
FEES TYPE		FEES CODE	CALCULATION	TOTAL
Total Claims minus 20; or Previously Paid	5 - 20 = 0	1202 (\$)	0 x 50 =	\$0
Independent minus 3; or Previously Paid	2 - 3 = 0	1201 (\$)	0 x 200 =	\$0
Multiple Claim		1203 (\$200)		\$0
Terminal Disclaimer	37 CFR § 1.20(d)	1814 (\$130)		\$130
				SUB TOTAL
The present application qualifies for Small Entity status under 37 CFR § 1.27. Fee reduced by ½.				(\$65)
				TOTAL FEE DUE
				\$65

- Please charge the total fees due in the amount of \$65 to Deposit Account No. 11-1410.

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Total pages in transmission: 8

The Commissioner is hereby authorized to charge any additional fees which may be required, now or in the future, or credit any overpayment to Account No. 11-1410.

JW

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